



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: **BLUFFTON REGIONAL MEDICAL CENTER**

City of Hospital: Bluffton

Year Begin: 01/01/2091 (mm/dd/yyyy format)

Year End: 12/31/2019 (mm/dd/yyyy format)

Person Completing the Report: Sherry Knight

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Medicare Provider Number: 150075

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$52371545
Outpatient Patient Service Revenue	\$146724212
Total Gross Patient Service Revenue	\$199095757

2. Deductions From Revenue

Contractual Allowance	\$162409062
Other Deductions	\$381830
Total Deductions	\$162790892

3. Total Operating Revenue

Net Patient Service Revenue	\$36304865
Other Operating Revenue	\$78365
Total Operating Revenue	\$36383230

4. Operating Expenses

Salaries and Wages	\$13092063	Employee Benefits	\$3200629
Depreciation and Amortization	\$5601993	Interest Expense	\$77121
Bad Debt	\$1875544	Other Expenses	\$17705507
Total Operating Expenses	\$41552857		

5. Net Revenue and Expenses

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Excess Revenue over Expenses	\$-5169637	Total Assets	\$41216837
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$45174218
Total Net Gains	\$-5169637		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$52630397	\$46743549	\$5886848
Medicaid	\$32053217	\$28324101	\$3729116
Other Government	\$2711935	\$2530616	\$181319
Other State	\$0	\$0	\$0
Other Payers	\$111700209	\$85192627	\$26507582
Total	\$199095758	\$162790893	\$36304865

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained

0

Number of Hospital Patients Educated	0
Number of Citizens Exposed to Health Education Messages	0

Statement Six: Charity Statement

Hospital Charity Charges	\$335581
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$64532	
HCI Payments	\$0		
Subtotal	\$0	\$64532	\$-64532
Medicaid Shortfalls	\$3729115	\$6163834	
Subtotal	\$3729115	\$6228366	\$-2499251
DSH Payments	\$0		
Subtotal	\$3729115	\$6228366	\$-2499251
Medicare Shortfalls	\$5886848	\$10120825	
Other Government Programs	\$181319	\$521505	
Total	\$9797282	\$16870696	\$-7073414

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

